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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/884,200

06/19/2001

Donald E. Weder

8403.411

3758

30589

7590

05/21/2003

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EXAMINER

GELLNER, JEFFREY L

ART UNIT

PAPER NUMBER

3643

12

DATE MAILED: 05/21/2003

Please find below and/or attached an Office communication concerning this application or proceeding.

Interview Summary	Application No.	Applicant(s)	
	09/884,200	WEDER, DONALD E.	
	Examiner	Art Unit	
	Jeffrey L. Gellner	3643	

All participants (applicant, applicant's representative, PTO personnel):

(1) Jeffrey L. Gellner. (3) _____.

(2) Nicholas D. Rouse. (4) _____.

Date of Interview: 20 May 2003.

Type: a) ☒ Telephonic b) ☐ Video Conference
c) ☐ Personal [copy given to: 1) ☐ applicant 2) ☐ applicant's representative]

Exhibit shown or demonstration conducted: d) ☐ Yes e) ☒ No.
If Yes, brief description: _____.

Claim(s) discussed: 1.

Identification of prior art discussed: Wardwell.

Agreement with respect to the claims f) ☐ was reached. g) ☒ was not reached. h) ☐ N/A.

Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: Discussed the relationship of the language of claim 1 to Figs. 1-3 and in relation to Figures of Wardwell.

(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)

THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN ONE MONTH FROM THIS INTERVIEW DATE TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.


Examiner's signature, if required